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\*\* CONTINUING DATA \*\*\*\*\* *no*

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Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	FINLAND	4	16 & 25	3

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## TITLE

Arrangement for communicating information

FILING FEE  RECEIVED 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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